



IN THE AKRON MUNICIPAL COURT
SUMMIT COUNTY, OHIO

_____)	
PLAINTIFF(S))	CASE NUMBER _____
VS.)	JUDGE _____
_____)	MOTION FOR _____
DEFENDANT(S))	_____

I, _____ REQUEST THE COURT TO GRANT THE FOLLOWING:

(Signature of Party Filing Motion)

PRINT Name: _____

Address: _____

Phone: _____

E-Mail: _____

Attorney Bar No.: _____

Certificate of Service

I hereby certify that a true and correct copy of the foregoing document was sent by regular US Mail to (Name) _____ at (Address) _____ this date _____, 20____.

(Signature of Party Filing Motion)